## Minneapolis Employment and Training MINNEAPOLIS WORKS PARTICIPANT APPLICATION



PLEASE PRINT									
Name						Date of Birth:	Ago		
Name:		(1	first)	(mi	iddle initial)	//	Age:		
Carial Carreita Num	L	·	Gender: N		Datasassas	Disease ( )	·		
Social Security Number:				_   Prii			<del>-</del>		
				emale: 🗆	Seconda	ary Phone (			
Residence Address:									
	(street)						(Apt. number)		
	(City)		EMERCEN	CV CONTACTS	(State)		(Zip code)		
Name:		Relationship:	EMIERGEN	CY CONTACTS Address:		Phone a	#:		
Name:		Relationship:		Address:		Phone a	#:		
	Pleas	e list the names	of all people livi	ng with you and	l their relati	onship to you:			
	NAM			DATE OF BIR	TH	RELATIO	NSHIP TO YOU		
			<b>'</b>						
		ETTH	NICITY/RACE (p	please check all th	at apply)				
☐ Hispanic/Latino			$\square$ Hawaiian Native or Other Pacific Islander $\square$ White $\square$ Asian						
Puerto Rican, South of Spanish cultural in or			☐ American Indian or Alaska Native ☐ Black or African American						
	□ More Than One Race								
	_	1							
What are your prin	nary language	es:							
			SELECTI	VE SERVICE					
Are you registered	with Selective	e Services? Yes	□ No□ Registr	ation # :					
Are you registered with Selective Services? Yes□ No□ Registration #:									
				ABILITY					
Do you have any disability (physical, mental, learning or emotional/behavioral – including substance abuse)									
<ul> <li>No disability</li> <li>Yes, I have a disability but it <u>is not</u> a barrier to employment</li> <li>Yes, I have a disability and it <u>is</u> a barrier to employment</li> </ul>									
			TRANCE	ODTATION					
				PORTATION					
Do you have a valid of	driver's license?	Yes □ No □	Do you have y	our own vehicle?	Yes □ No				
What type of transpo	rtation do vou i	ıse?							
That type of dailspo									

			PROGRAM IN	NVOLVEMENT					
Have you participated i	in or are you currently w	orking with ar		and training program?	Yes □	No □			
		(shool th	EDUCATION						
8 <sup>th</sup> Grade and under $\Box$ 1-2 Years of $C$	college, or full-time techn	9 <sup>th</sup> Grade –	11 <sup>th</sup> Grade □	I you have completed)	High School Gra 2 or more years		uivalent (GED) 🗆		
Are you currently in s	chool? Yes □ No □	Where:							
What are you studying:									
POST HIGH SCHOOL EDUCATION									
Name of School At		Dates om:	To:	Did you graduate	1?	Subj	ject		
			10.						
			EMPLOYMEN						
	(Please sta	art with your r	most recent po	sition, including tempora	ary positions):				
Employer:				City:					
Job Title									
Summary of Responsib	oilities:								
Reason for Leaving:									
Ending Salary:	Ending Salary: Hours per week: May we contact this employer? Yes \( \Dag{No} \)								
Employer:				City:					
Job Title									
Summary of Responsib	oilities:								
Reason for Leaving:									
Ending Salary: Hours per week: May we contact this employer? Yes \( \Dag{N} \) No \( \Dag{N} \)									
Employer				City					
Employer: Job Title				Start Date End Date					
	Summary of Responsibilities:								
Reason for Leaving:									
Ending Salary:					et this ampleyor?	Vos □ No			
Lituing Salary		riours per we	MILITARY	-	ct triis employer:	res 🗆 No			
			Date of	Date of	Branch of S	ervice:	Rank:		
Are you a veteran?	Did you receive an hon		enlistment:	<u>discharge:</u>					
Yes □ No □	discharge? Yes □ 1	No □ Military Sch	nools:						
Are you eligible for veteran's employment									
or training benefits?	∕es □ No □								
			2	2					

		CIT	IZENSHID ST	ATUS (select one)				
				Type and Number:		Card Issue Date	e: Card Expiration Date:	
☐ U. S. Citizen	☐ Registered Alien	☐ Refugee - Temporary Work	Darmit				·	
		remporary work	LEGAL	SSUES				
Do you have a pending court appearance: Yes □ No □ When?								
Have you ever be	een convicted of or are	you now under charg	es for any offe	nse against the law oth	ner than tr	raffic violations?	Yes □ No □	
List below all c	convictions except ju	venile (Under 18):						
DATE	CITY/STATE		OFFENSE		RESULT	(fine, stay, in	carceration, etc)	
Are you curren	tly on probation?	Yes $\square$ No $\square$	Probatio	n BEGIN date:		Probation El	ND date:	
Probation offic	er name:				Telepho	Telephone #:		
	ARE YOU	OR ANYONE IN YO	UR HOUSEHO	OLD RECEIVING ANY	OF THE	FOLLOWING:		
	PROGRAM	NO	YES	MONTHLY AMOUN		TE STARTED	CASE NUMBER	
MFIP			_					
GA (General Assi	istance)							
Food Stamps								
Workers Compen	nsation							
Reemployment I	nsurance							
Social Security D	isability							
Social Security R	etirement							
Social Security Su								
Pension (specify)								
Medical Assistance	ce							
Other (specify)								
PLEASE READ BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.  Minneapolis Employment and Training is a division of the City of Minneapolis Department of Community Planning and Economic Development (CPED). Minneapolis Employment and Training agencies assess each applicant at intake to determine the person's eligibility for services and to determine which services will help the applicant get a job and an increase in income. So that we can make the best possible assessment, we will be asking you to give us information about yourself. Except for your social security number and medical information, all of the information you will be asked to supply on our application form is necessary to complete our assessment. Any medical / disability related information that you disclose is voluntary. The information will be kept confidential by law and will not subject the customer to adverse treatment or services, and the information will be used only in accordance with the law.								
<b>DATA PRIVACY NOTICE</b> : Minneapolis Employment and Training vendors use the information you give us to help you find employment and training. We put the information in a case file and a computer record keeping system. Agency staff can see the information in order to carry out their job duties. We use the information for your assessment and to develop an Employment Services Plan and to gather information for reports and audits required by Federal and State agencies that provide the money to run our programs. Information on this form is private data. Only information directly related to helping you find employment will be shared with employers. Private information is available only to you and other Minneapolis Employment and Training Service Providers and local and state welfare agencies.								
You are not legally required to answer any of the questions. If you do not provide the information, or give us false information, program benefits may be denied or delayed.								
<b>EQUAL OPPORTUNITY POLICY</b> : We consider applicants without regard to race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all Federal, State, and local laws concerning discrimination.								
<b>COMPLAINT AND APPEAL POLICY</b> : If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to file an appeal. If you wish to file a complaint or appeal, please see a staff member for assistance.								
The information I have provided on this application is true to the best of my knowledge. I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among Minneapolis Employment and Training service providers in order to help me find employment or training. My consent begins on the date I sign this form and lasts for one year.								
APPLICANT SIGN	NATURE					DATE		